



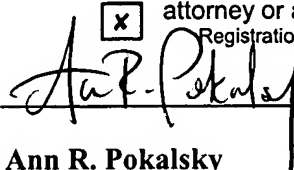
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PTO/SB/22 (12-04)

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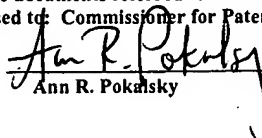
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) TX/4:100-8388C (167-51)	
Application Number 10/781,069		Filed February 18, 2004	
For OIL-FREE PHARMACEUTICAL COMPOSITIONS CONTAINING CYCLOSPORIN A			
Art Unit 1615		Examiner L.S. Channavajjala	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1121 . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. 34697 Registration number if acting under 37 CFR 1.34			
		July 25, 2008	
_____ Ann R. Pokalsky		_____ Date	
_____ Signature		_____ (516) 228-8484	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

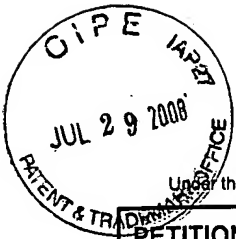
Dated: July 25, 2008

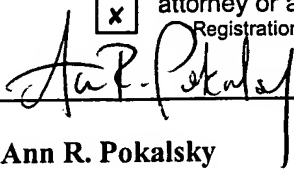

Ann R. Pokalsky

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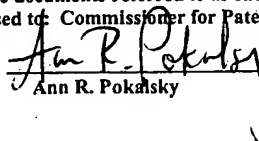
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 Signature		<u>July 25, 2008</u> Date
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Ann R. Pokalsky